

2012 GIRLS YOUTH BASKETBALL CLINICS REGISTRATION FORM

Mt. Vernon Parks & Recreation Wildcat Youth Basketball Clinics
2nd and 3rd Graders

New format this year! Coach Mitchell and his staff will be hosting 8 separate clinics for 2nd and 3rd grade girls. The main focus will be on learning the fundamentals in a fun environment. 3 on 3 scrimmaging will be utilized to give each player more time with the ball and more opportunities to practice what they have learned in a game setting. Don't worry! 5 on 5 games will be utilized as well. Your player will receive high quality and age specific instruction for a great price!

Tentative Clinic Dates: Oct. 24, 30; Nov. 7, 14, 29; Dec. 5, 12, 19 **(Each session will be from 6:30pm to 7:30pm)**

Please fill out this form and return to the Parks & Recreation Department Office , 716 Locust, Entrance 8 (M-F 8am-5pm) or mail to PO Box 324, Mt. Vernon, Indiana 47620. All registrations are due by Friday, October 19th at 5pm. Fees: \$25 per participant (\$10 second child). Coach Mitchell and his staff will be running the clinics.

Check payable to: Mt. Vernon Parks and Recreation (\$25 returned check fee)

Name _____ Grade: 2nd 3rd
Address _____ School _____
Phone _____ D.O.B. _____ Age _____
T-shirt size (circle one): YS YM YL S M L XL

PARENT PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: *Youth Basketball League.*

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Department, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved.

Date: _____
Parent Signature _____

Date: _____
Parent Signature _____

Contact Information:

Father: Name _____ Home #: _____ Work #: _____ Cell #: _____

Mother: Name _____ Home #: _____ Work #: _____ Cell #: _____

e-mail _____ (for P & R distribution lists only)

Want to help at the Clinics? Yes No

Rec. # _____ Date Rec'd _____ By _____